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Bib Data Sheet

CONFIRMATION NO. 5547

SERIAL NUMBER 10/721,155	FILING DATE 11/25/2003  RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. L-1632CA
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APPLICANTS

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*cm*  
 \*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/480,446 06/21/2003  
 and is a CIP of 10/306,352 11/27/2002

*cm*  
 \*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*cm none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 02/25/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>allowance</i>	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
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Verified and Acknowledged  
 Examiner's Signature *[Signature]* Initials *cm*

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TITLE  
 Adjustable intraocular lens system and intraocular lenses therefor

FILING FEE  RECEIVED 812	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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